

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>4-20-2005</u>		2 Serial/Patent # <u>09/622,510</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time	None	1-20-2005	\$ 1590								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 1590								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:									
	Duplicate Payment		<div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> </tr> </table> </div>			0	5	--	1	3	2	0
0	5	--	1	3	2	0						
<input checked="" type="checkbox"/>	No Fee Due (Explanation):											
<i>Application is abandoned- an extension of time cannot be submitted.</i>												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Paul Shamowski</u>			TITLE: <u>Senior Attorney</u>									
SIGNATURE: <u><i>Paul Shamowski</i></u>			PHONE: <u>571-272-3225</u>									
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u><i>Alison Hill</i></u>			DATE: <u>4/21/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: